



**VACATION RENTAL OFFICE  
RANCHO MIRAGE CITY HALL**

69-825 Highway 111  
Rancho Mirage, CA 92270  
(760) **324-4511**, EXT. 214

## HOME OWNER MONTHLY TRANSIENT OCCUPANCY TAX RETURN

### HOW TO SUBMIT:

- If no tax is due, send completed form via email ( signature not required ) fax or mail.
- If a tax is due, send check and completed form via mail.

◆ *Fields Must Be Completed*

Email: TOT@RanchoMirageCA.gov Fax: 760-324-0528

Mail: **Vacation Rental Office**  
Rancho Mirage City Hall  
69-825 Highway 111  
Rancho Mirage, CA 92270

◆ VACATION RENTAL PROPERTY ADDRESS:

◆ OWNER'S MAILING ADDRESS:

◆ REPORTING PERIOD:

◆ PERMIT NUMBER:

### INSTRUCTIONS:

- **EVEN IF THERE IS NO TAX DUE**, a monthly tax return must be filed with the City of Rancho Mirage ( Tax Collector ).
- **REMITTANCE** – checks should be payable to "City of Rancho Mirage." Checks, drafts, postal notes and money orders are accepted by the Tax Collector subject to collection and do not constitute payment until cleared. The Tax Collector assumes no responsibility for loss in transit or delay in deposit.
- **RECEIPT** – The canceled check becomes the receipt. No receipt will be mailed by the Tax Collector unless a demand for same is made at the time of payment.
- **ALL RECORDS SUBSTANTIATING THE RETURN** must be retained by the operator for a period of not less than three years from the date of payment.
- **CHANGE OF ADDRESS OR OWNERSHIP** must be reported immediately to the Tax Collector.
- **UPON CESSATION OF BUSINESS FOR ANY REASON**, outstanding returns and payments are due immediately.

- 1 ) ◆ Taxable Rents for Reporting Period: \_\_\_\_\_
- 2 ) ◆ Tax Due ( 10% of line 1 ): \_\_\_\_\_
- 3 ) Add if applicable:
- a ) Late Penalty ( 15% of the amount of the tax due, if paid within 30 days after delinquent date ★ ) \_\_\_\_\_
- b ) Interest ( 1.5% per month ( or fraction thereof ) in addition to the penalty, on the amount of the tax from delinquent date to date of payment. ) \_\_\_\_\_
- 4 ) ◆ TOTAL AMOUNT DUE: (Total of Line 2, 3a and 3b): \_\_\_\_\_

*I hereby certify that the statements made herein are true and correct to the best of my knowledge and that applicable information has been provided.*

☐ Check this box if no tax is due and form is returned by email. Signature not required if returned by email.

SIGNATURE:

TITLE:

DATE:

**PLEASE KEEP A COPY FOR YOUR RECORDS.**

*\* Delinquent Date: The first day of the second succeeding calendar month following the close of each calendar month.*